

# California WIC Program Training Registration

Title of Training _____	Date of Training _____
Location of Training _____	

Name \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notes:**

- Incomplete registration forms will be returned to you. This will delay the registration process.
- A confirmation letter will be sent to you when registration is complete.

<p>Mail or fax completed form to:</p> <p>Nutrition Education and Training Section 3901 Lennane Drive Sacramento, CA 95834 Fax: (916) 928-0518</p>
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